

How to Add or Update Electronic Funds Transfer (EFT) Information in NCTracks

Overview

This user guide provides step-by-step instructions for adding or updating Electronic Funds Transfer (EFT) information in NCTracks. Providers must have EFT information on file in order to be reimbursed.

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Logging into the Provider Portal

1. Navigate to www.nctracks.nc.gov
2. The following page will display. Click the Providers tab at the top of the page.

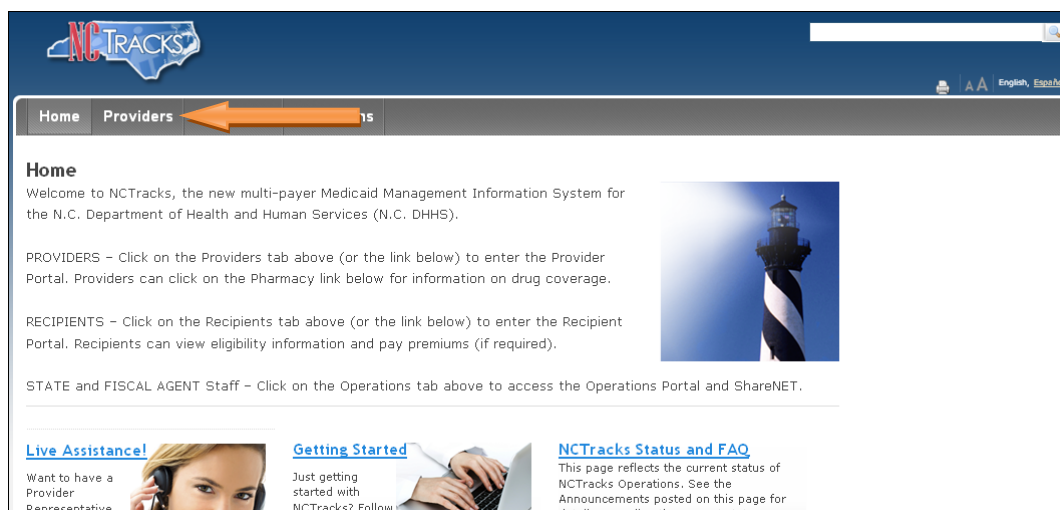


Figure 1: NCTracks Home

- From the **Providers** page, click the NCTracks Secure Portal icon.

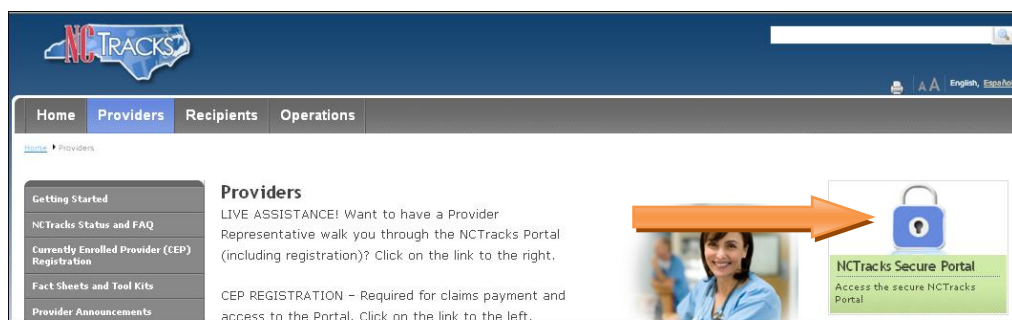


Figure 2: Providers Page

- The following login screen will display. Enter the NCID and password and click the **Log in** button.

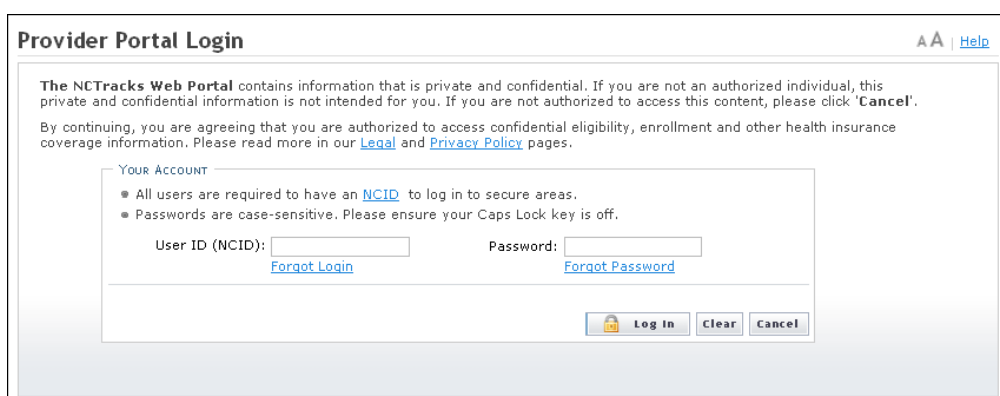


Figure 3: Provider Portal Login

Accessing the Manage Change Request Application

- The following Providers page will display. Click the **Status and Management** button.

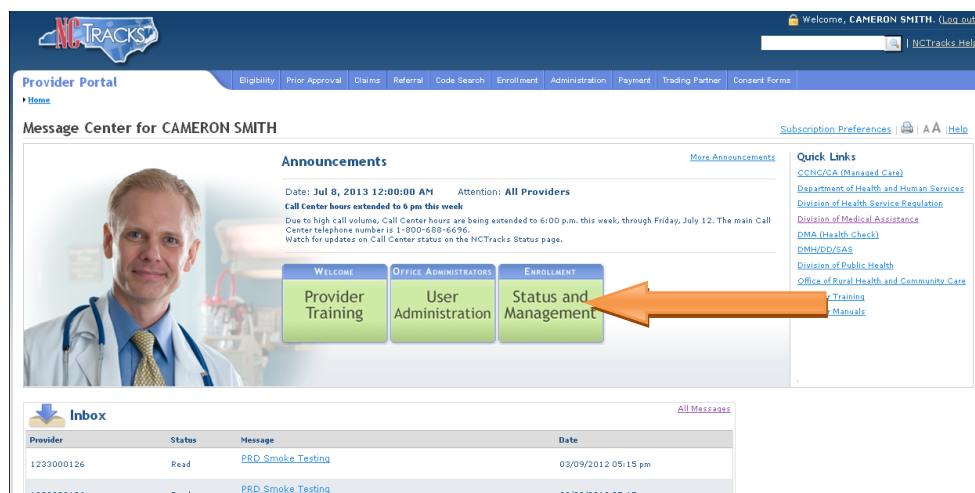
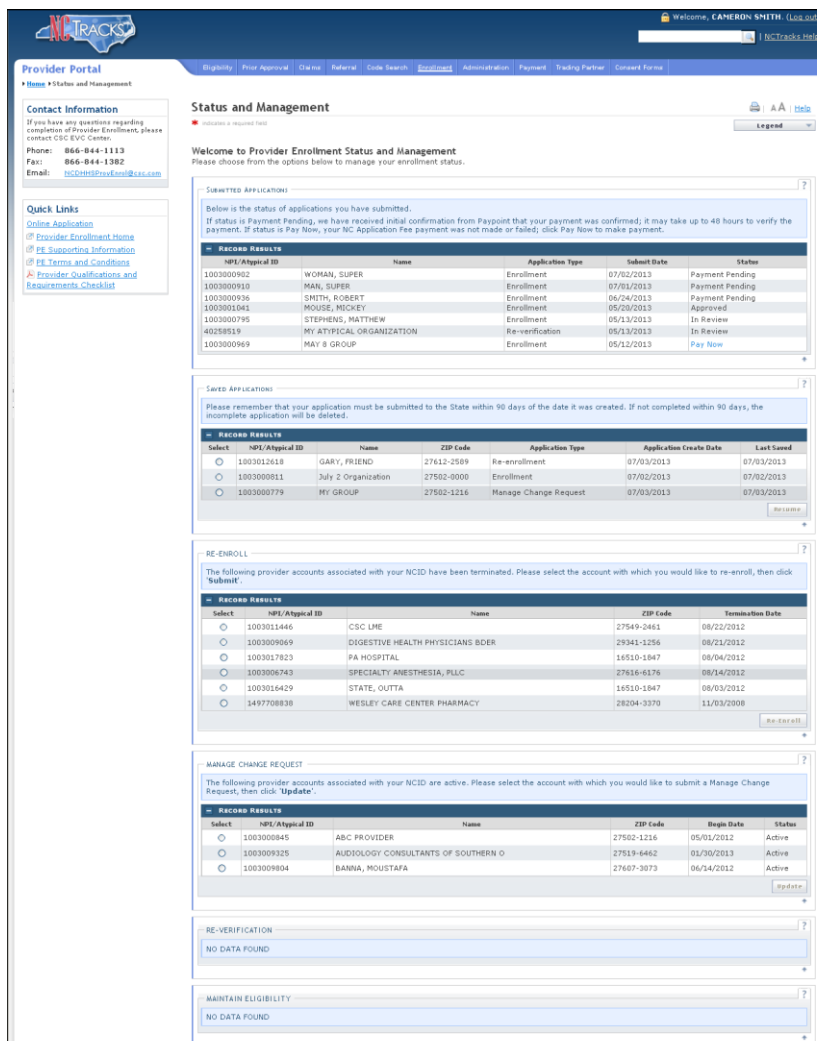


Figure 4: Select Status and Management

6. The **Status and Management** screen will display. The screen is divided into 6 sections.



Provider Portal

Welcome, CAMERON SMITH (Logout)

Home Status and Management

Contact Information

If you have any questions regarding completion of Provider Enrollment, please contact CSC EVC Center.

Phone: 866-844-1313
Fax: 866-844-1382
Email: cscentr@nctracks.com

Quick Links

[Online Application](#)
[Provider Enrollment Home](#)
[PE Supporting Information](#)
[PE Terms and Conditions](#)
[Provider Qualifications and Requirements Checklist](#)

Status and Management

Welcome to Provider Enrollment Status and Management
Please choose from the options below to manage your enrollment status.

SUBMITTED APPLICATIONS

Below is the status of applications you have submitted.
If status is Payment Pending, we have received initial confirmation from Paypoint that your payment was confirmed; it may take up to 48 hours to verify the payment. If status is Pay Now, your NC Application Fee payment was not made or failed; click Pay Now to make payment.

| NP/Atypical ID | Name | Application Type | Submit Date | Status |
|----------------|--------------------------|------------------|-------------|-----------------|
| 1003000982 | WOMAN, SUPER | Enrollment | 07/02/2013 | Payment Pending |
| 1003000910 | MAN, SUPER | Enrollment | 07/01/2013 | Payment Pending |
| 1003000936 | SMITH, ROBERT | Enrollment | 06/24/2013 | Payment Pending |
| 1003001041 | MOUSE, HOCKEY | Enrollment | 05/20/2013 | Approved |
| 1003000795 | STEPHENS, MATTHEW | Enrollment | 05/13/2013 | In Review |
| 40259519 | MY ATYPICAL ORGANIZATION | Re-verification | 05/13/2013 | In Review |
| 1003000969 | MAY 8 GROUP | Enrollment | 05/12/2013 | Pay Now |

SAVED APPLICATIONS

Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.

| Select | NP/Atypical ID | Name | ZIP Code | Application Type | Application Create Date | Last Saved |
|-----------------------|----------------|---------------------|------------|-----------------------|-------------------------|------------|
| <input type="radio"/> | 1003012618 | GARY, FRIEND | 27612-2589 | Re-enrollment | 07/03/2013 | 07/03/2013 |
| <input type="radio"/> | 1003000811 | July 2 Organization | 27502-0000 | Enrollment | 07/02/2013 | 07/02/2013 |
| <input type="radio"/> | 1003000779 | MY GROUP | 27502-1216 | Manage Change Request | 07/03/2013 | 07/03/2013 |

RE-ENROLL

The following provider accounts associated with your NCID have been terminated. Please select the account with which you would like to re-enroll, then click 'Submit'.

| Select | NP/Atypical ID | Name | ZIP Code | Termination Date |
|-----------------------|----------------|----------------------------------|------------|------------------|
| <input type="radio"/> | 1003011446 | CSC LINE | 27549-2461 | 08/22/2012 |
| <input type="radio"/> | 1003009609 | DIGESTIVE HEALTH PHYSICIANS BOER | 29341-1296 | 08/22/2012 |
| <input type="radio"/> | 1003017823 | PA HOSPITAL | 16510-1847 | 08/04/2012 |
| <input type="radio"/> | 1003008743 | SPECIALTY ANESTHESIA, PLLC | 27616-6176 | 08/04/2012 |
| <input type="radio"/> | 1003016429 | STATE, OUTTA | 16510-1847 | 08/03/2012 |
| <input type="radio"/> | 1497708838 | WESLEY CARE CENTER PHARMACY | 28204-3370 | 11/03/2008 |

MANAGE CHANGE REQUEST

The following provider accounts associated with your NCID are active. Please select the account with which you would like to submit a Manage Change Request, then click 'Update'.

| Select | NP/Atypical ID | Name | ZIP Code | Begin Date | Status |
|-----------------------|----------------|-------------------------------------|------------|------------|--------|
| <input type="radio"/> | 1003000845 | ABC PROVIDER | 27502-1216 | 05/01/2012 | Active |
| <input type="radio"/> | 1003009325 | AUDIOLOGY CONSULTANTS OF SOUTHERN O | 27519-6462 | 01/30/2013 | Active |
| <input type="radio"/> | 1003009804 | BANNA, MOUSTAFA | 27607-3073 | 06/14/2012 | Active |

RE-VERIFICATION

NO DATA FOUND

MAINTAIN ELIGIBILITY

NO DATA FOUND

Figure 5: Status and Management Page

Status and Management Sections

- Submitted Applications:** Contains enrollment applications or change requests that have already been submitted and are currently in process.
- Saved Applications:** Contains enrollment applications or change requests that have been started but not yet submitted. Please remember that your application must be submitted to the State within 90 days of the date it was created. If not completed within 90 days, the incomplete application will be deleted.
- Re-enroll:** This section will list provider accounts associated with the user's NCID that have been terminated. The user can select the account to re-enroll, then click 'Submit'.
- Manage Change Request:** This section will list provider accounts associated with the users NCID that are active.

5. **Re-verification:** This section allows the user to submit a required re-verification application for a provider enrollment account.
6. **Maintain Eligibility:** This section allows the user to submit a required maintain eligibility application for a provider enrollment account.
7. To begin a new **Manage Change Request**, under the **Manage Change Request** Section, click the radio button next to the NPI to be changed. Next, click the **Update** button.

If the Manage Change Request section reads **No Data to Display**, it is possible that a Manage Change Request has already been created and/or submitted, but not yet approved. Check the **Submitted Applications** and **Saved Applications** sections for a Manage Change Request/Enrollment that is already in process.

| Select | NPI/Atypical ID | Name | ZIP Code | Begin Date | Status |
|-----------------------|-----------------|-------------------------------------|------------|------------|--------|
| <input type="radio"/> | 1003009325 | AUDIOLOGY CONSULTANTS OF SOUTHERN O | 27502-1216 | 05/01/2012 | Active |
| <input type="radio"/> | 1003001801 | THE PEANUT GALLERY | 27701-3637 | 04/30/2012 | Active |
| <input type="radio"/> | 1003013160 | ZUMBA, CARY M | 27607-3073 | 05/07/2012 | Active |

Figure 6: Select Manage Change Request

8. The **Organization Basic Information** screen will display. The left hand side menu will display a list of topics.

Do NOT click the menu options on the left hand side of the screen, as each page must be accessed/reviewed before the **Manage Change Request** can be submitted. Instead, to navigate to appropriate section, click the **Next** button on the bottom right corner of the screen until you reach the **EFT Account Information** screen.

Figure 7: Organization Basic Information Page

9. On the Terms and conditions page, to attest and accept Medicaid Terms and Agreements, click the check box and click the **Next** button.

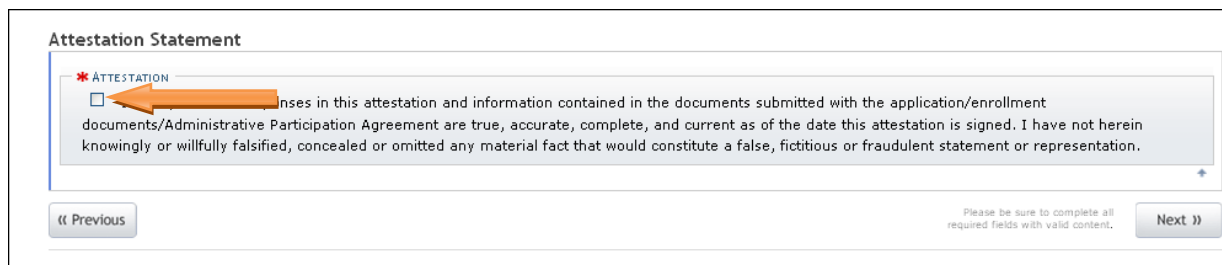


Figure 8: Attestation Statement

10. Once you reach the **EFT Account Information** page, Under the **UPDATE INFORMATION** section, click the **Yes** radio button.

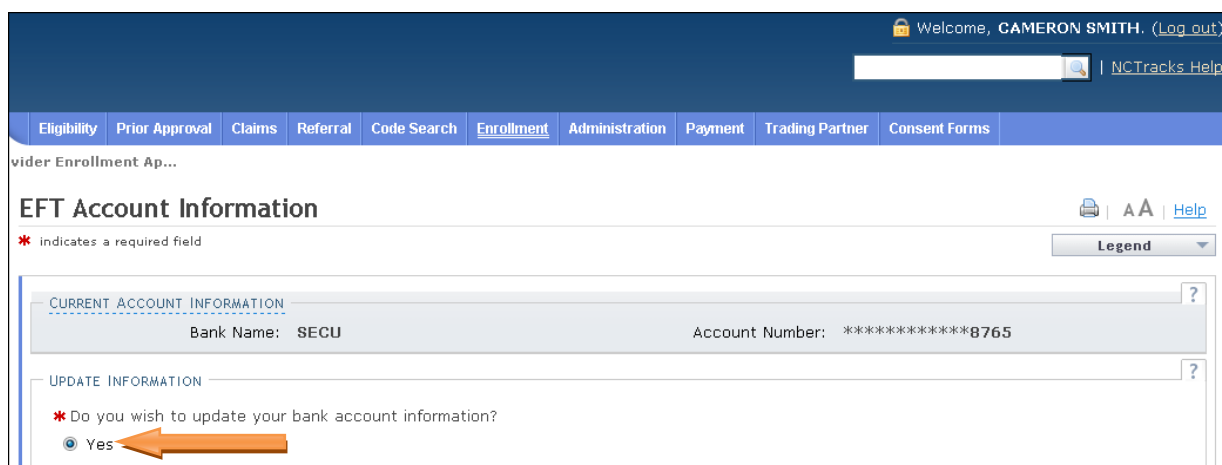

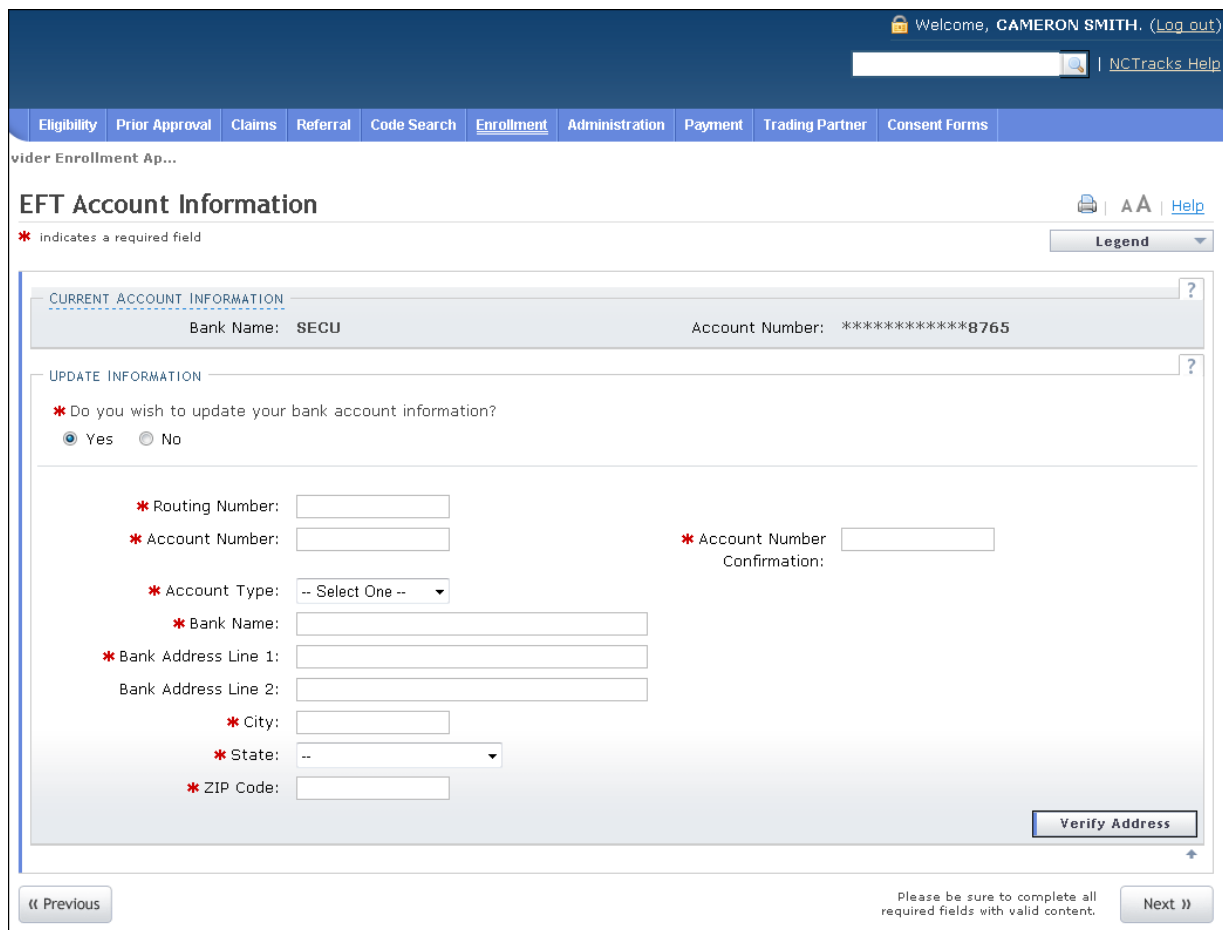


Figure 9: EFT Account Information Page

11. The EFT Account Details section will display.



Before you complete this section, please review the next page for important tips and information regarding the formatting and use of the EFT Routing and Account Numbers.



The screenshot displays the "EFT Account Information" form within the NCTracks application. The top navigation bar includes links for Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Payment, Trading Partner, and Consent Forms. The user is logged in as CAMERON SMITH. The form is divided into two main sections: "CURRENT ACCOUNT INFORMATION" and "UPDATE INFORMATION".

CURRENT ACCOUNT INFORMATION:

- Bank Name: SECU
- Account Number: *****8765

UPDATE INFORMATION:

* Do you wish to update your bank account information?

☒ Yes ☐ No

* Routing Number:

* Account Number:

* Account Number Confirmation:

* Account Type: -- Select One --

* Bank Name:

* Bank Address Line 1:

Bank Address Line 2:

* City:

* State: --

* ZIP Code:

Buttons: Legend, Verify Address, << Previous, Next >>

Footer: Please be sure to complete all required fields with valid content.

Figure 10: EFT Account Information Details

Tips and Important Information Regarding EFT Routing and Account Numbers

Checks vs. Deposit Slips

- ALWAYS use a check to reference the correct routing and account number. **Do NOT use the routing number off a deposit slip. The routing number on your deposit slip is used for the bank's internal system and will cause your EFT to fail.**

Bank Routing Number

- Locate the Special Characters **⑈**. The Banking Routing Number is located between these two characters and is always 9 digits in length.

Bank Account Number

- Locate the Special Character **⑈**. Your Account Number is always directly to the LEFT of this character and can be up to 17 digits in length. NOTE: If you notice extra zeroes before or after your account number, please include them as part of your account number.

NOTE: You will have to put your Account Number into the system twice.

Check Number

- The check number can be located in the bottom right, middle, or bottom left corner of the check. DO NOT include this number as part of the account number or routing number.

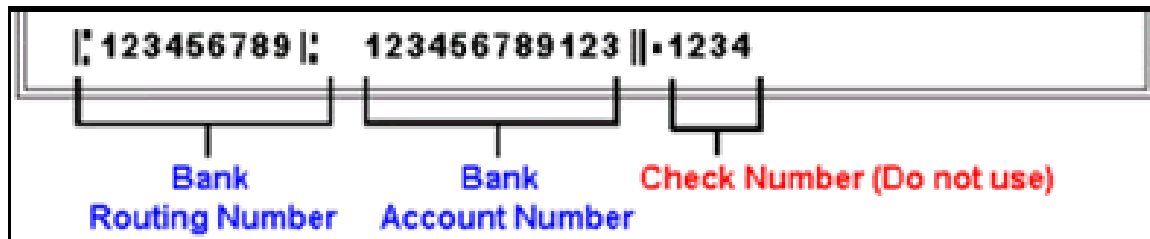


Figure 11: Check Example - Bottom Right Check Number

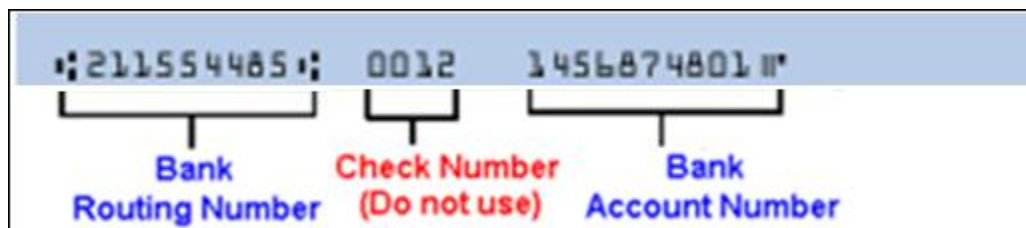
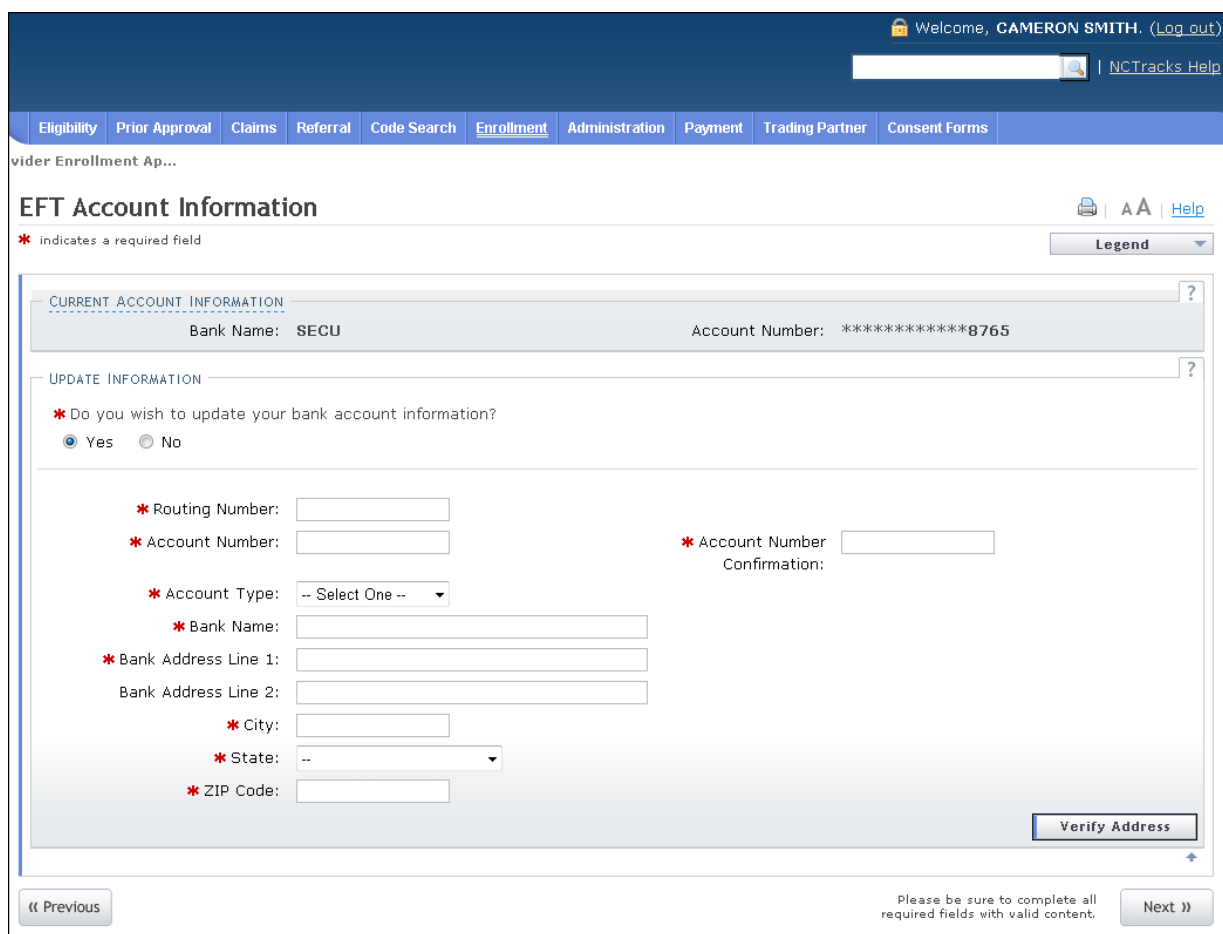


Figure 12: Check Example - Middle Check Number

Completing the EFT Account Information Page

- Enter The Routing Number
- Enter the Account Number twice
- Select the Account Type from the drop down men
- Enter the Bank Name
- Enter the Bank Address
- Click the **Verify Address** button.
- Click the **Next** button to continue

Important Note: For common issues/errors with resolving the Verify Address button, [click here](#).



Welcome, CAMERON SMITH. (Log out) | NCTracks Help

Eligibility | Prior Approval | Claims | Referral | Code Search | **Enrollment** | Administration | Payment | Trading Partner | Consent Forms

Provider Enrollment Ap...

EFT Account Information

* indicates a required field

Legend

CURRENT ACCOUNT INFORMATION

Bank Name: SECU Account Number: *****8765

UPDATE INFORMATION

* Do you wish to update your bank account information?

☒ Yes ☐ No


* Routing Number:
 * Account Number: * Account Number Confirmation:
 * Account Type: -- Select One --
 * Bank Name:
 * Bank Address Line 1:
 Bank Address Line 2:
 * City:
 * State: --
 * ZIP Code:

Verify Address

<< Previous
 Please be sure to complete all required fields with valid content. Next >>


Figure 13: Complete EFT Account Information

Common Errors When Updating the Address



If the street name is not a recognized by USPS, it may result in the following error message. Double-check the formatting and spelling of the street name.

Error Summary



Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.

- [Primary Location: Address Not Found](#)

PRIMARY PHYSICAL LOCATION ?

This is the primary physical location where service will be rendered, or in the case of mobile services, where management/supervision occurs.

* Office Phone #: ext.

Begin Date:

Office Fax #:

☐ End Date It

Address

* Address Line 1:

Address Line 2:


* City:

* State:

ZIP Code:


County:

Figure 14: Error Message Address Not Found



If the street name is valid, but the address numbers are not recognized, it may result in the following error message. Double-check the address numbers.


Error Summary



Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.


- [Pay-To Address: Address Not Deliverable](#)

Figure 15: Error Message Address Not Deliverable



If the address is recognized as having a secondary unit, such as an apartment number, suite, department, or room number at a single address, it may result in the following error message.

Error Summary



Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.

- ServiceLocation: Missing Apt/Suite Number

Figure 16: Error Message Missing Apt/Suite Number

To resolve the error, enter the applicable Apartment, Suite or Floor Number in either the Address Line 1 or Address Line 2. The entry is not case sensitive. For example, “Suite” may be entered as “STE” or “Ste”.

You may also verify your address at the USPS website:

<https://tools.usps.com/go/ZipLookupAction!input.action>


IMPORTANT: The format of the Apartment, Suite or Floor Number must match the format that is used by the USPS. Reference the list of approved abbreviations.

* Does not require secondary range of numbers to follow the abbreviation

| Secondary Unit Designator | Approved Abbreviation |
|---------------------------|-----------------------|
| APARTMENT | APT |
| BASEMENT | BSMT * |
| BUILDING | BLDG |
| DEPARTMENT | DEPT |
| FLOOR | FL |
| FRONT | FRNT * |
| HANGAR | HNGR |
| LOBBY | LBBY * |
| LOT | LOT |
| LOWER | LOWR * |
| OFFICE | OFC * |
| PENTHOUSE | PH * |
| PIER | PIER |
| REAR | REAR * |
| ROOM | RM |
| SIDE | SIDE * |
| SLIP | SLIP |
| SPACE | SPC |
| STOP | STOP |
| SUITE | STE |
| TRAILER | TRLR |
| UNIT | UNIT |
| UPPER | UPPR * |

Completing the Manage Change Request

12. Continue to click the next button through the Manage Change Request application until you reach the Terms and Conditions page.



The **Save Draft** button will only save your progress and will not submit the Change Request for processing.

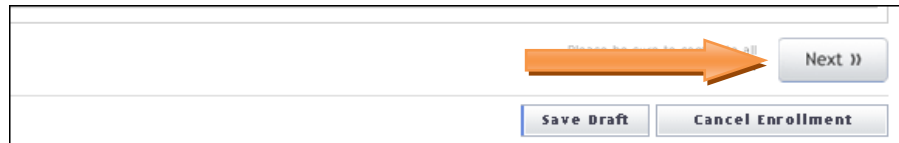


Figure 17: EFT Account Information Click Next

13. The Review Application screen will display. On the left hand margin, verify that all application pages have a green check mark next to each page. In addition, verify the contact email address listed on the page. This can be updated on the **Basic Information** page.

To review the application in Adobe PDF format, click the **Review Application** button. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, Click the **Next** button to proceed to the **Attachments/Submit Electronic Application** page.

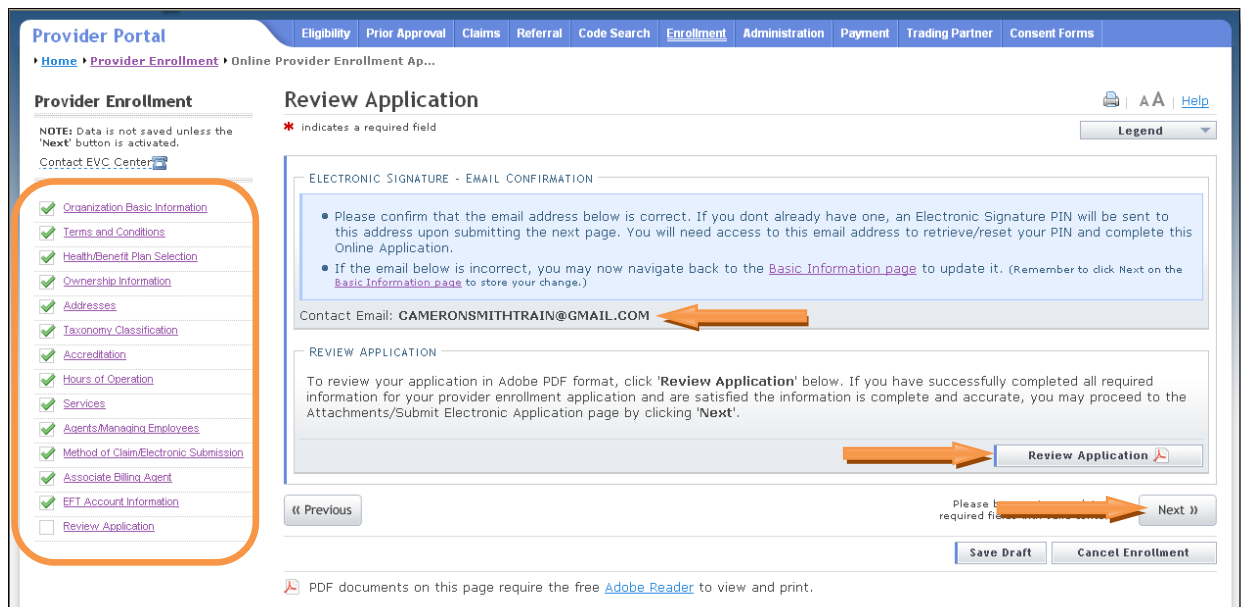
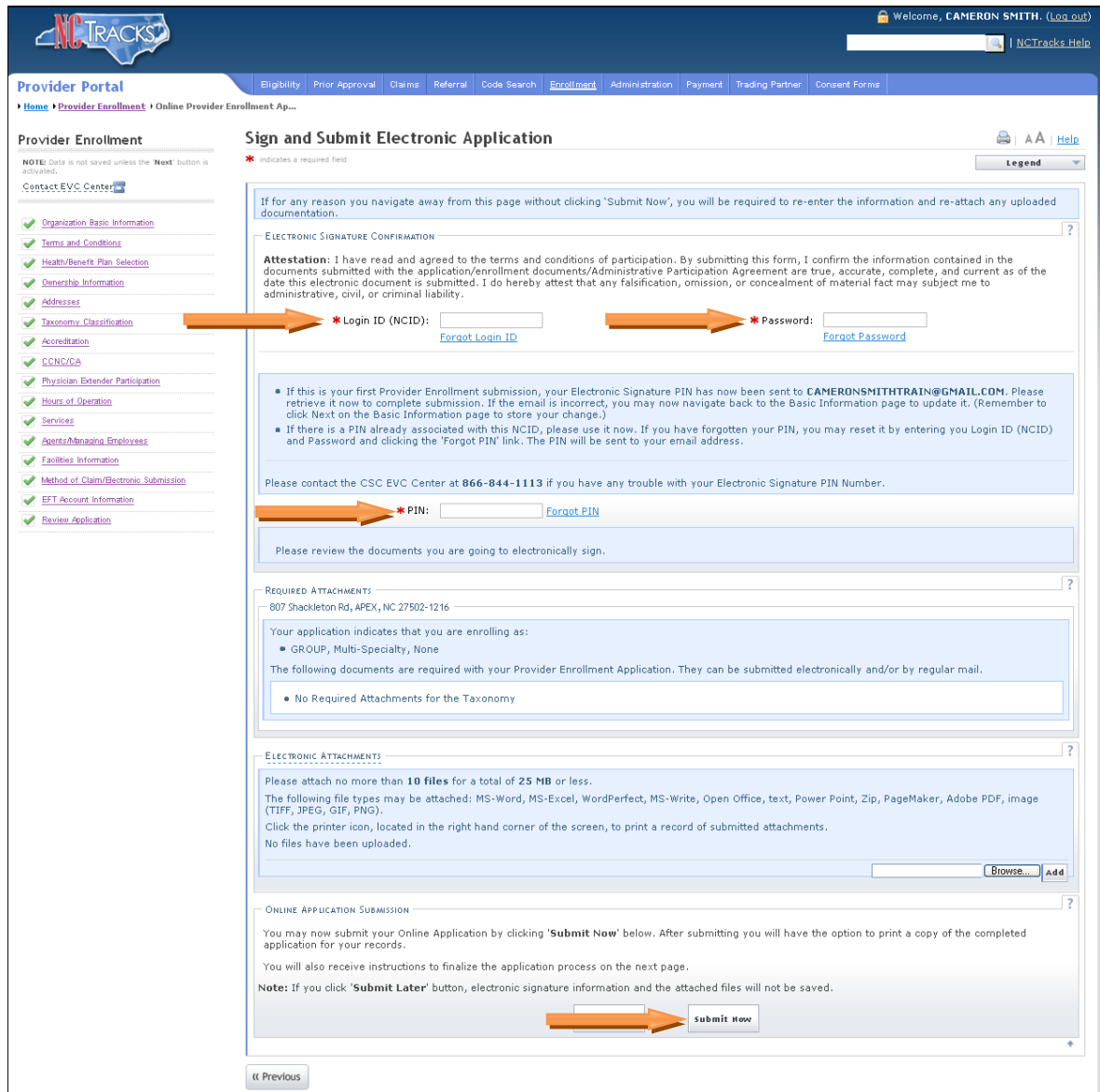


Figure 18: EFT Review Application

14. The **Sign and Submit Electronic Application** page will display. Enter the NCID and password, as well as the **PIN** number and click the **Submit Now** button.



Provider Portal | Eligibility | Prior Approval | Claims | Referral | Code Search | **Enrollment** | Administration | Payment | Trading Partner | Consent Forms

Welcome, CAMERON SMITH. (Log out) | NCTracks Help

Provider Enrollment

NOTE: Data is not saved unless the 'Next' button is activated.

Contact EVC Center

- Organization Basic Information
- Terms and Conditions
- Health/Benefit Plan Selection
- Ownership Information
- Addresses
- Taxonomy Classification
- Accreditation
- CCNC/CA
- Physician Extender Participation
- Hours of Operation
- Services
- Agents/Managing Employees
- Facilities Information
- Method of Claim/Electronic Submission
- EFT Account Information
- Review Application

Sign and Submit Electronic Application

* indicates a required field

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information and re-attach any uploaded documentation.

ELECTRONIC SIGNATURE CONFIRMATION

Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

* Login ID (NCID): [Forgot Login ID](#) * Password: [Forgot Password](#)

■ If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to CAMERONSMITHTRAIN@GMAIL.COM. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)

■ If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSC EVC Center at 866-844-1113 if you have any trouble with your Electronic Signature PIN Number.

* PIN: [Forgot PIN](#)

Please review the documents you are going to electronically sign.

REQUIRED ATTACHMENTS

807 Shackleton Rd, APEX, NC 27502-1216

Your application indicates that you are enrolling as:

- GROUP, Multi-Specialty, None

The following documents are required with your Provider Enrollment Application. They can be submitted electronically and/or by regular mail.

- No Required Attachments for the Taxonomy

ELECTRONIC ATTACHMENTS

Please attach no more than **10 files** for a total of **25 MB** or less.

The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image (TIFF, JPEG, GIF, PNG).

Click the printer icon, located in the right hand corner of the screen, to print a record of submitted attachments.

No files have been uploaded.

ONLINE APPLICATION SUBMISSION

You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.


You will also receive instructions to finalize the application process on the next page.

Note: If you click 'Submit Later' button, electronic signature information and the attached files will not be saved.

[Previous](#)


Figure 19: Sign and Submit

Tips for Navigating the Mange Change Request Application



All pages must be reviewed prior to continuing. If you receive the following error, click on the pages that do not have check marks next to the section and click Next through those sections.

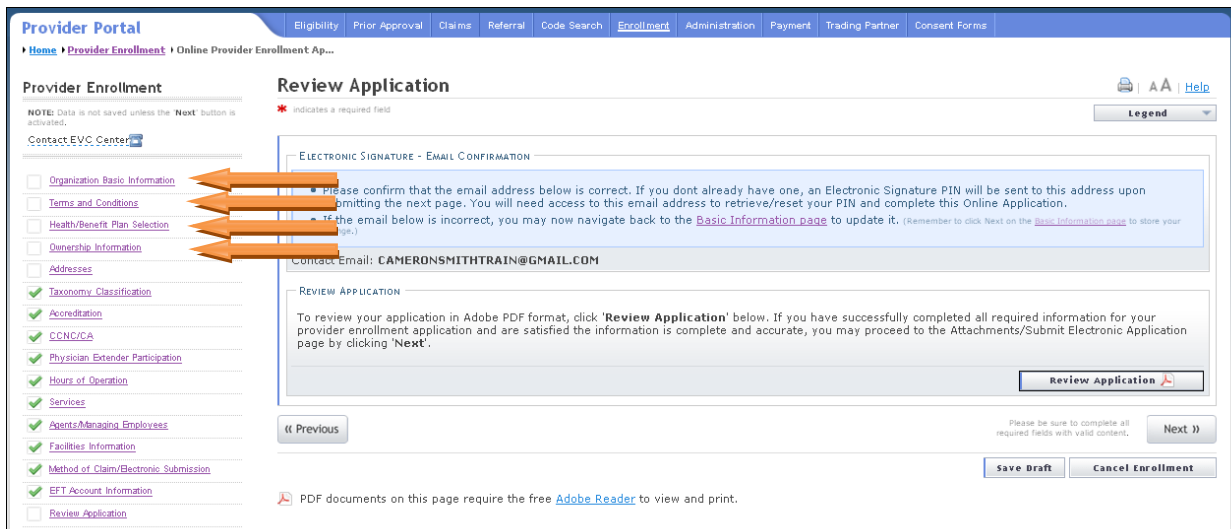
Error Summary



Please fix the following errors before you proceed.

- Please complete all pages in this application before proceeding.

Figure 20 Error - Complete all Pages in the Application



Provider Portal





Eligibility | Prior Approval | Claims | Referral | Code Search | **Enrollment** | Administration | Payment | Trading Partner | Consent Forms

Home | **Provider Enrollment** | Online Provider Enrollment Ap...

Provider Enrollment

NOTE: Data is not saved unless the "Next" button is activated.

Contact EVC Center

Organization Basic Information  Terms and Conditions  Health/Benefit Plan Selection  Ownership Information  Addresses Taxonomy Classification Accreditation CCNC/CA Physician Extender Participation Hours of Operation Services Agents/Managing Employees Facilities Information Method of Claim/Electronic Submission EFT Account Information Review Application

Review Application

* indicates a required field

Legend

ELECTRONIC SIGNATURE - EMAIL CONFIRMATION

Please confirm that the email address below is correct. If you don't already have one, an Electronic Signature PIN will be sent to this address upon submitting the next page. You will need access to this email address to retrieve/reset your PIN and complete this Online Application.

If the email below is incorrect, you may now navigate back to the [Basic Information page](#) to update it. (Remember to click Next on the [Basic Information page](#) to store your changes.)

Contact Email: CAMERONSMITHTRAIN@GMAIL.COM

REVIEW APPLICATION

To review your application in Adobe PDF format, click "Review Application" below. If you have successfully completed all required information for your provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the Attachments/Submit Electronic Application page by clicking "Next".

Review Application

Previous Next

Please be sure to complete all required fields with valid content.

Save Draft Cancel Enrollment

PDF documents on this page require the free [Adobe Reader](#) to view and print.

Figure 21: Review Application - Incomplete Pages